



IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

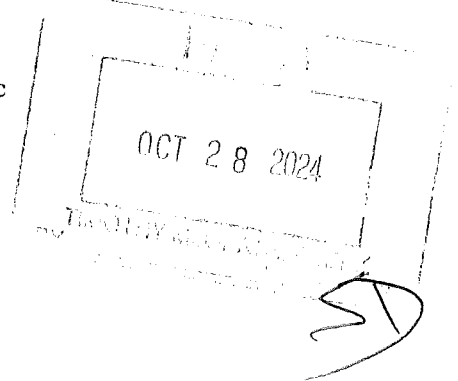
IN RE:

Paul C Busch

Debtor(s).

Case No. 19-13988-amc

Chapter: 13



NOTICE OF DEADLINE TO OBJECT TO DISCHARGE

To all creditors and parties in interest, NOTICE IS GIVEN THAT:

The Standing Chapter 13 Trustee has indicated that all plan payments have been made.

Any objection to the entry of the Debtor(s)' Order of Discharge or request to delay the entry of discharge pursuant to 11 U.S.C. § 1328(h), must be filed in writing within 14 days from the date of this Notice with the Clerk of the U.S. Bankruptcy Court.

All objections must be filed with the Clerk at the following address:

Eastern District of Pennsylvania  
900 Market Street  
Suite 400  
Philadelphia, PA 19107

In the absence of any objection, the Court may enter the Order of Discharge.

Date: September 23, 2024

For The Court

Timothy B. McGrath  
Clerk of Court

Please see attached unpaid bill, from  
the time of bankruptcy filing

Warm regards

Kristine Polshin



005098 5098 1 AB 0.588 19342 8 1 10253-1-5411



Infinity Dental Specialists, LLC  
500 Evergreen Drive  
Glen Mills, PA 19342-1032

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10/23/2024 - 10:47 AM

Ledger Report - Current Transactions

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Date	Description	Type	Ref. Number	Total Account	Adjust	Charges	Payments	Balance
<b>Miranda Busch/Paul Busch</b>								
03/12/19	New Treatment Fee			2,500.00		625.00		625.00
03/12/19	Contract Charge						(625.00)	0.00
03/16/19	Payment: ortho (x9369)	Visa	1476184121			312.00		312.00
04/01/19	Contract Charge						(312.00)	0.00
04/01/19	Payment: ORTHO	Check	2568			312.00		312.00
05/01/19	Contract Charge						(312.00)	0.00
05/06/19	Payment: ortho payment	Check	2576			312.00		312.00
06/01/19	Contract Charge						(312.00)	0.00
06/24/19	Payment: ortho	Check	116			312.00		312.00
07/01/19	Contract Charge						(312.00)	0.00
08/01/19	Contract Charge					312.00		624.00
09/01/19	Contract Charge					315.00		939.00

Totals: 2,500.00 2,500.00 (1,561.00) 939.00

**Infinity Dental Specialists, LLC**

500 Evergreen Drive  
Suite 11  
Glen Mills, PA 19342

March 16, 2019

**ORTHODONTIC PAYMENT AGREEMENT**  
for

**Total Responsibility for "Non-Phase" Orthodontic Treatment**  
Less Estimated Insurance Benefit(s)

**2,500.00**

**Remaining Balance**

**2,500.00**

Terms: An initial payment of \$625.00, 5 payment(s) of \$312.00, and one final payment of \$315.00

**Dates:** Payments are due on or before the **1st**. **Your first payment is due: 4/1/2019**

**OTHER PAYMENTS:**

1. The above fee is for orthodontic treatment and does not include dental x-rays, extractions or fillings oral surgery, sealants, cleanings, fluoride treatments, or laboratory records fee. Additional x-rays may be required during and again at the end of treatment.
2. Estimated treatment time is month(s). If treatment is extended due to poor patient cooperation and/or missed appointments, an additional fee of **100.00** per month will be charged.
3. Broken, damaged or lost appliances will require additional charges. A grace is given with the **3rd** bracket failure, after which an additional **30.00** per bracket will be charged.
4. A failed appointment charge of **30.00** will be given if notice is not received within 24 hours of scheduled appointments.
5. At the completion of active orthodontic treatment some patients will require an occlusal equilibration or "fine tuning" of the fit between the upper and lower teeth. This can be done by your regular dentist or by this office. If done in this office, an estimate of the fee will be given before the service is performed.

**RETENTION:**

Once the appliances are removed, the retention phase of treatment begins and may last two to three years depending on the severity of the original condition, the cooperation received from the patient during treatment and the amount of residual growth that will occur in the face after treatment.

Fee for positioner/retainers: **0.00**

A charge of **350.00** (per retainer) will be made for replacement of retainers lost or broken beyond repair.

To continue the retention phase beyond **4** month(s) a charge of **100.00** will be made per office visit.


**FINANCIAL INFORMATION:**

All payments are due on or before the **1st of each month**. If a payment is not made within **10** day(s) of its due date, a late fee of **15.00** will be assessed.

Active treatment will be suspended on patients whose accounts are more than sixty days past due. We will attend to emergency needs only until the account is made current. Orthodontic appliances will not be removed until all outstanding fees are paid in full. Should active treatment be completed prior to the completion of the contract, the remaining balance will be due at the time the braces are removed.

If insurance benefits are determined to be different than the estimate shown above, a new financial agreement will be made at that time. We will strive to obtain your full benefits from your insurance company; however, it is important that you understand and agree that it is your responsibility to see that the total case fee above is paid irrespective of benefits that are anticipated from the insurance plan(s).

In compliance with the Federal Truth in Lending Act, there are no finance charges and/or annual percentage rates included in the fee. I hereby certify that I have read and received a copy of the foregoing Orthodontic Payment Agreement.



3/16/2019

\_\_\_\_\_  
Signature of Financially Responsible Party

\_\_\_\_\_  
Date